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ABSTRACT

This study replicated an earlier study which identified five subtypes of outpatient alcoholics (Uninvolved, Participation, Ambivalent, Precontemplation, Contemplation) according to the stages of change model, extending the effort to 404 polydrug users at a Veterans Administration hospital. Subjects were administered a demographic questionnaire; the Alcohol Use Disorders Identification Test (AUDIT); modified drug, psychiatric and legal sections of the Addiction Severity Index (ASI); the Short Michigan Alcoholism Screening Test (SMAST); the Drug Abuse Screening Test (DAST); and the University of Rhode Island Change Assessment Scale (URICA). Scores on the URICA were subjected to a cluster analysis, yielding four of the five profiles identified in the earlier alcoholism study. Since four out of the five profiles were nearly identically replicated in a more diverse substance abuse population, there do appear to be reliable differences in motivation as measured by the URICA in individuals applying for a variety of addiction treatment services. Continued replication of the profiles in different settings may clarify the parameters of the Uninvolved cluster not replicated in the current study. Members of the Precontemplation cluster scored significantly lower on the SMAST, DAST, and AUDIT; were significantly more likely to have had legal pressure to enter treatment; and were more likely to be referred to outpatient or community services than to inpatient treatment. The results are interpreted as suggesting that differences between the four clusters are most meaningful between the Precontemplation and successive stages of change. (Author/NB)

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Motivational Profiles of Veterans Seeking Substance Abuse Treatment: Profiles Based on Stages of Change

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Abstract

This study replicated a study by DiClemente & Hughes (1990) which identified five subtypes of outpatient alcoholics according to the stages of change model. The current study extended this effort to 486 polydrug users at a veterans hospital. Scores on the URICA were subjected to a cluster analysis, yielding four of the five profiles identified by DiClemente & Hughes (1990). Members of the Precontemplation cluster scored significantly lower on the SMAST, DAST, AUDIT, were significantly more likely to have legal pressure to enter treatment, and were more likely referred to outpatient or community services than inpatient treatment. Results are interpreted as suggesting that differences between the four clusters are most meaningful between the Precontemplation and successive stages of change.

Introduction

The stages of change model (Prochaska, DiClemente & Norcross, 1992) has been widely employed in the research effort to improve treatment services for substance abuse. The model is meant to depict behavioral change as a series of four motivational stages through which a person can cycle, as shown in Figure 1. A cluster analysis of URICA scores conducted on outpatient alcoholics by DiClemente & Hughes (1990) yielded five motivational profiles. The current study extended this effort into a more diverse substance abuse population.

Methods

Subjects: 486 consecutive applications to the Seattle Veterans Administration Medical Center's Addiction Treatment Center were examined between October 1, 1991 and April 1, 1992. Demographic comparisons with the DiClemente & Hughes (1990) study are shown in Table 1.

Measures: Three orally administered questionnaires included:

1) a demographic information sheet,
2) the Alcohol Use Disorders Identification Test (AUDIT),
3) a modified drug, psychiatric and legal sections of the Addiction Severity Index (ASI).

Three self report measures were:

1) Short Michigan Alcoholism Screening Test (SMAST),
2) the Drug Abuse Screening Test (DAST),

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3) the University of Rhode Island Change Assessment Scale (URICA).

Results

Of N=486 individuals, there were 404 usable protocols for the analysis.

Cluster analysis: A cluster analysis was performed in SPSSX using a hierarchical agglomerative method (complete linkage) with squared Euclidean distance as the similarity measure. Four of the five profiles reported by DiClemente & Hughes (1990) were replicated as shown in Figures 2-5.

Comparative analyses: Table 2 shows that the Precontemplation cluster scored significantly lower than the other clusters on the SMAST, AUDIT and DAST. Table 2 also shows that the Precontemplation cluster was less often referred to inpatient treatment, and more likely has legal pressure for treatment than the other three clusters.

Discussion

Since four out of the five profiles reported by DiClemente & Hughes (1990) were nearly identically replicated in a more diverse substance abuse population, there do appear to be reliable differences in motivation as measured by the URICA in individuals applying for a variety of addiction treatment services. Continued replication of the profiles in different settings may clarify the parameters of the Uninvolved cluster not replicated in the current study.This failure to replicate may have been a function of the local screening procedures, or these may have been individuals who failed to complete the questionnaires. Differences in symptom severity, while statistically significant, are actually quite small, perhaps implying that clinical presentation of symptoms does not meaningfully reflect differences in motivation. The higher presence of legal pressure for the Precontemplation cluster needs to be studied prospectively to determine whether outcome (e.g., relapse or attrition) can be predicted with this variable. Finally, the absence of differences in symptom severity among the other three clusters also points to the need for outcome data: do differences exist between these clusters that would warrant differential treatment? or is the relevant distinction simply between the Precontemplation and the other groups?

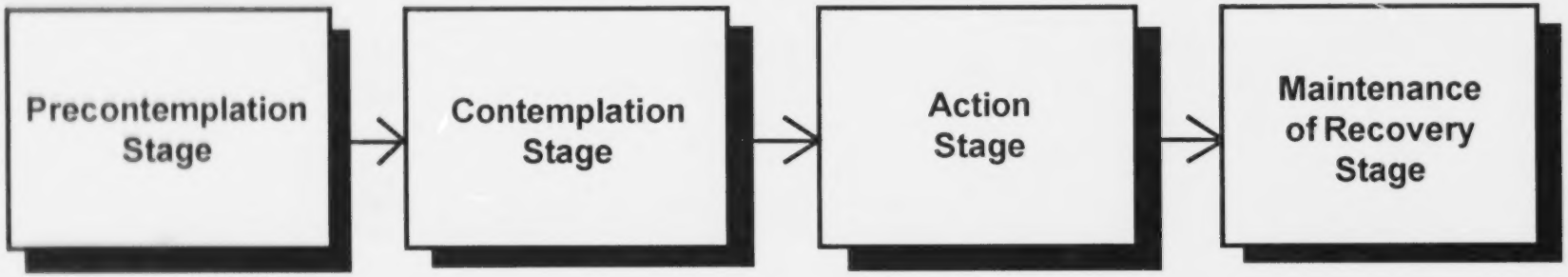
References

DiClemente, C.C., Hughes, S O. (1990). Stages of change profiles in outpatient alcoholism treatment. Journal of Substance Abuse Treatment 2. 217-235.

Prochaska, J.O., DiClemente, C.C., Norcross, J.C. (1992). In search of how people change: applications to addictive behaviors. American Psychologist 47 (9): 1102-1114.

Stages of Change in Substance Abuse and Dependence

Prochaska & DiClemente (1982)



"I don't have any problems that need changing."	"I might want to change some things about myself."	"At times my problem is difficult, but I'm working on it."	"I need a boost right now to help me maintain the changes I've already made."
Alpha = .80	Alpha = .84	Alpha = .82	Alpha = .83

FIGURE 1

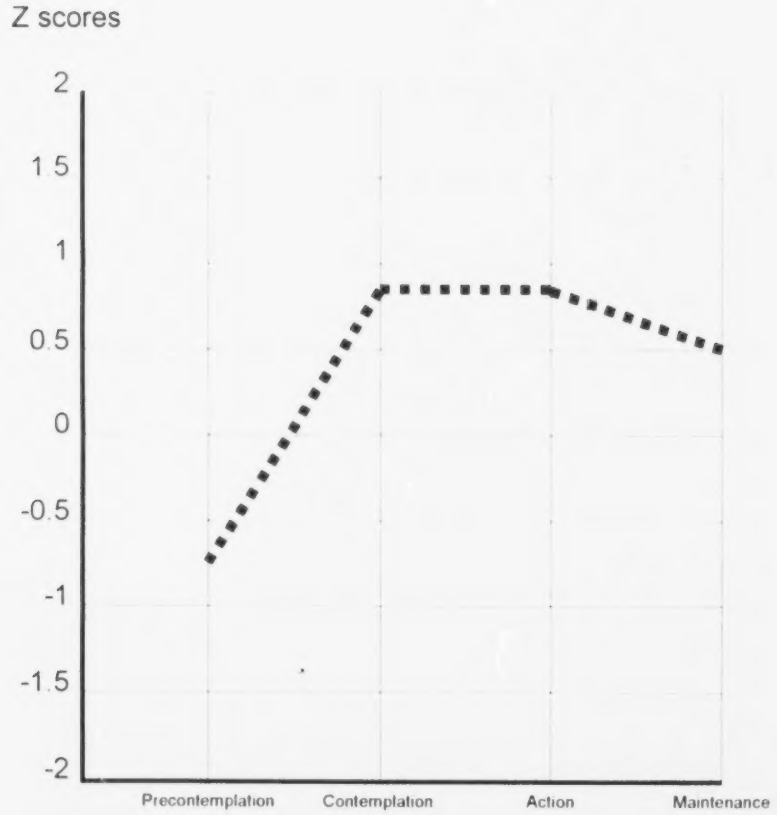
June 1992
\m\stages.pm4 jb

Demographics

	Carney & Kivlahan	*DiClemente & Hughes (1990)*
AGE	$\bar{x}$ = 42	$\bar{x}$ = 33
SEX		
Male	100%	65%
Female	0%	35%
RACE		
Caucasian	73.3%	79%
African-American	20.7%	12%
Other	5.2%	4%
EMPLOYMENT		
Currently Employed	21.3%	40%
MARITAL STATUS		
Separated/Divorced or Widowed	60.9%	42%
Single	21.3%	32%
Married	17.3%	25%
LIVING SITUATION		
Family or Friends	55.5%	N/A
Alone	23.1%	N/A
Unstable/Homeless/Controlled	21.1%	N/A
CURRENT LEGAL ISSUES	41.1%	N/A
PREVIOUS PSYCHIATRIC TREATMENT	44.2%	N/A
PERIOD OF SERVICE		
Vietnam	56.2%	N/A
Post-Vietnam	20.9%	N/A
Korean Era	17.2%	N/A
World War II	4.9%	N/A
Combat Experience in Vietnam	33.5%	N/A

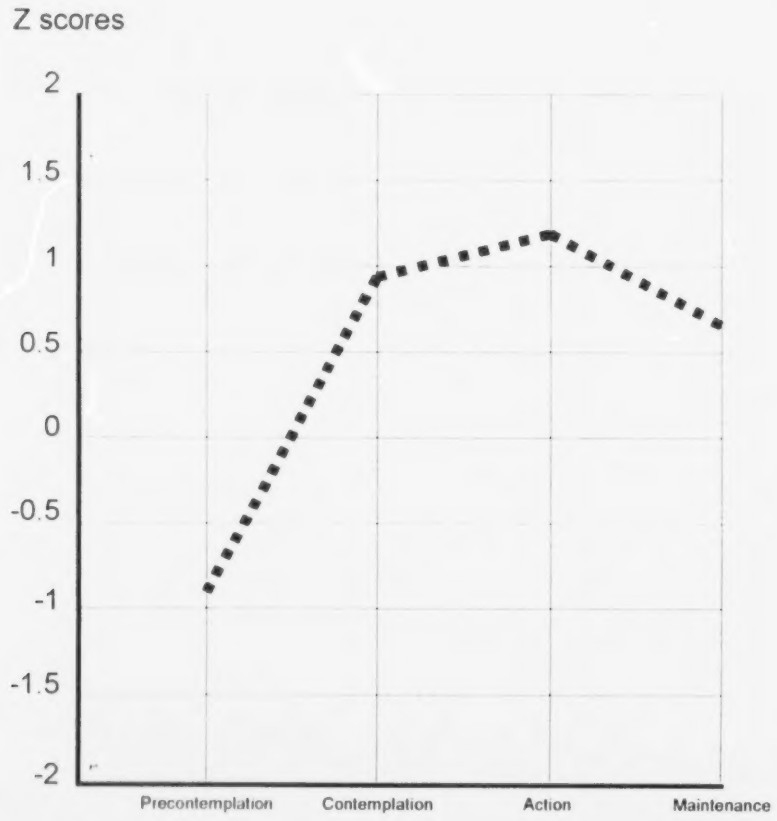
TABLE 1

Participation Cluster



n=125
30.9%

Carney & Kivlahan 1992



n=51
22.8%

DiClemente & Hughes (1990)

FIGURE 2

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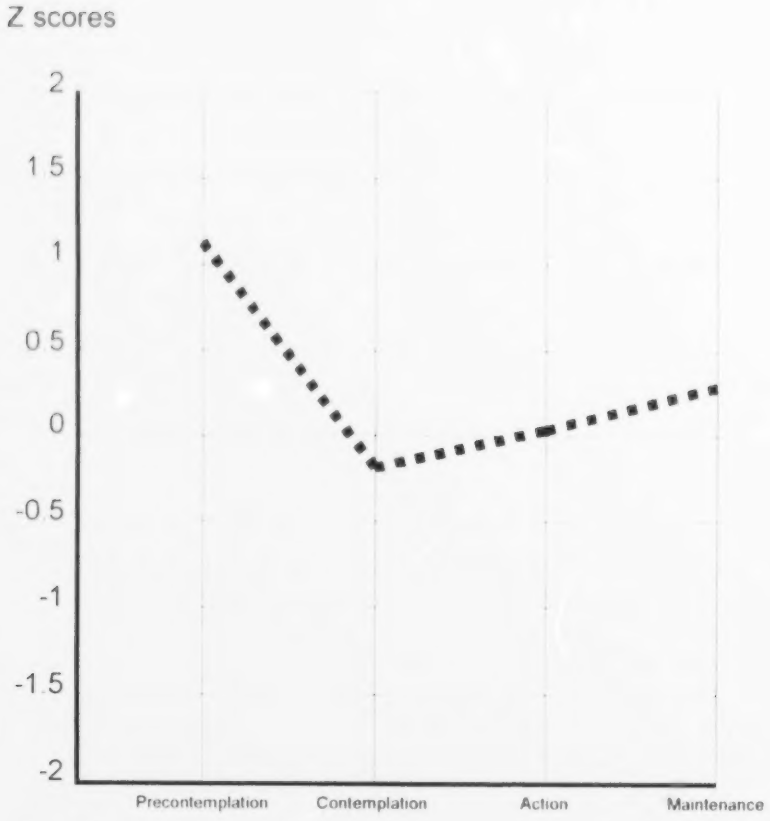
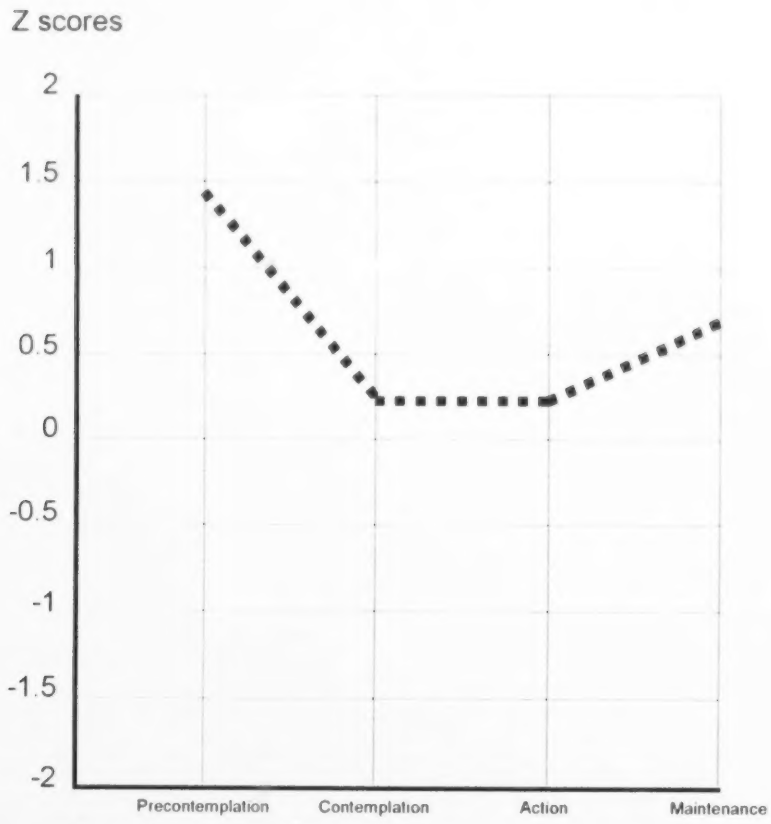
June 1992

Ambivalent Cluster



n=90
22.3%

Carney & Kivlahan 1992



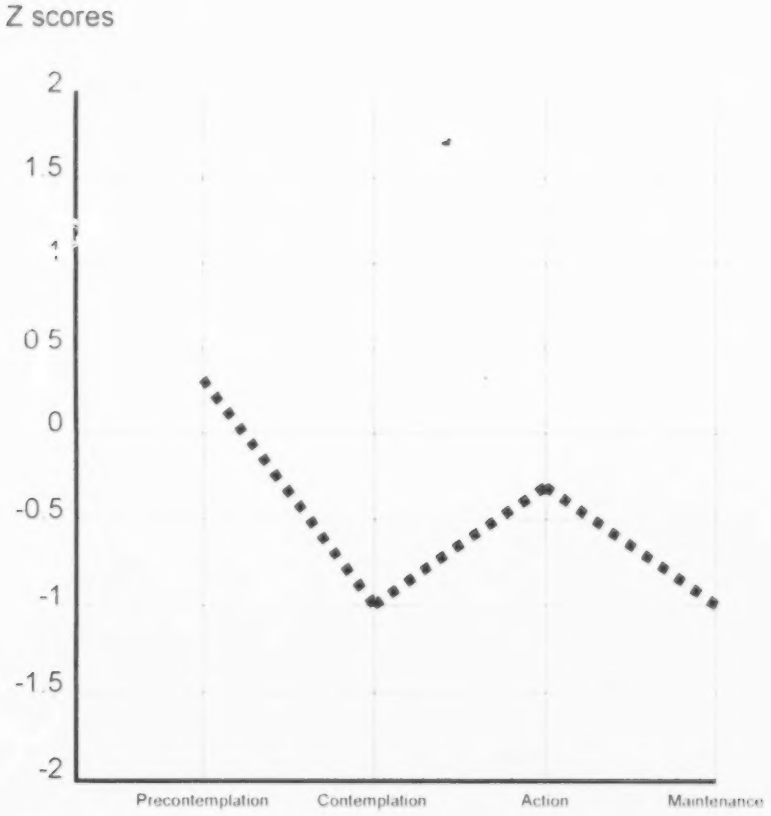
n=30
13.4%

DiClemente & Hughes (1990)

FIGURE 3

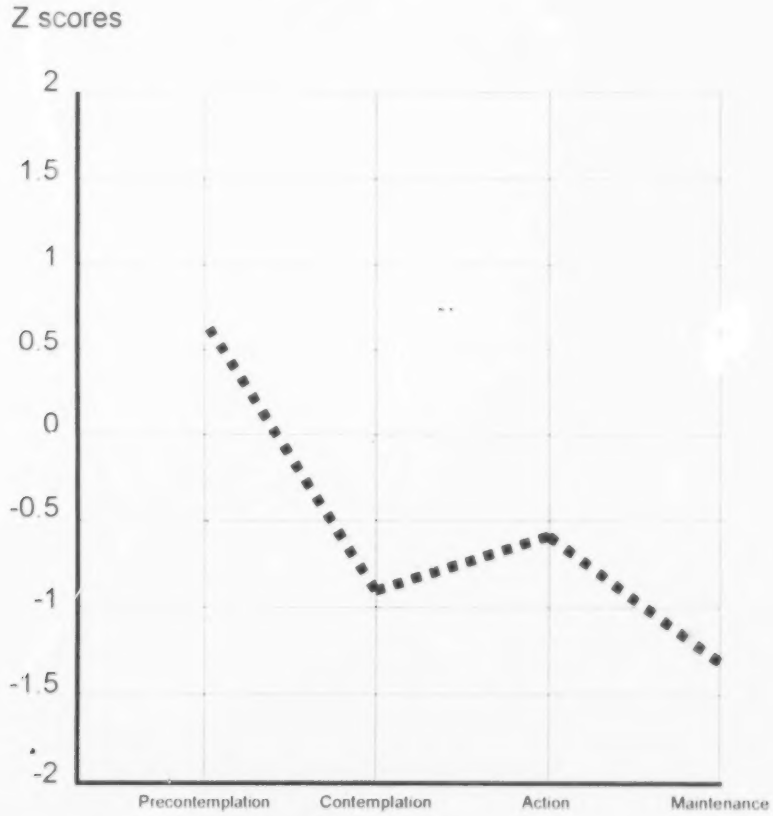
\m-ambiva pm4 jb
June 1992

Precontemplation Cluster



n=120
29.7%

Carney & Kivlahan 1992



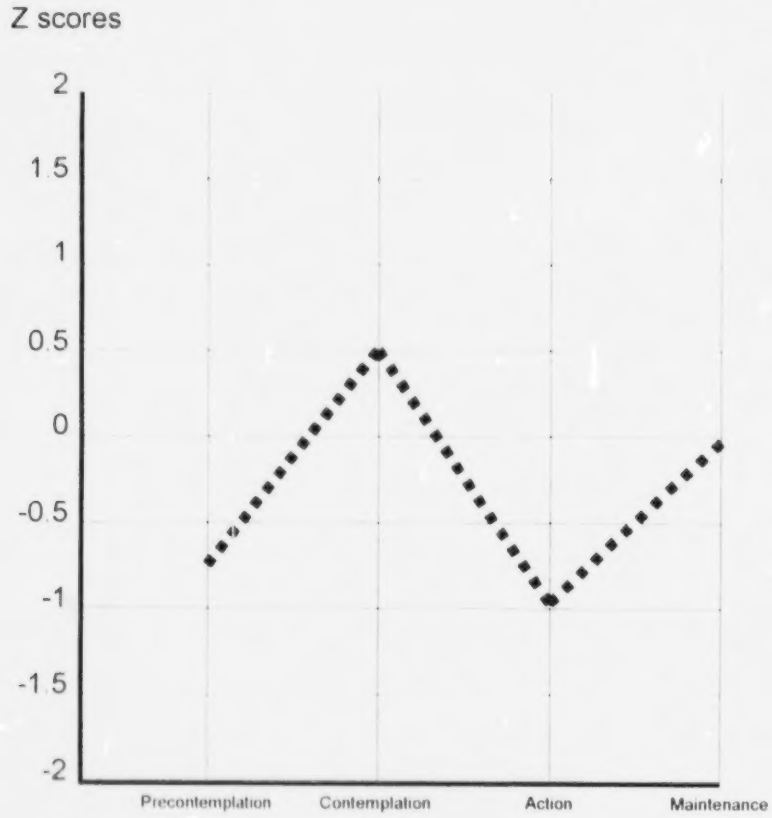
n=63
28.1%

DiClemente & Hughes (1990)

\m-precon pm4 jb
June 1992

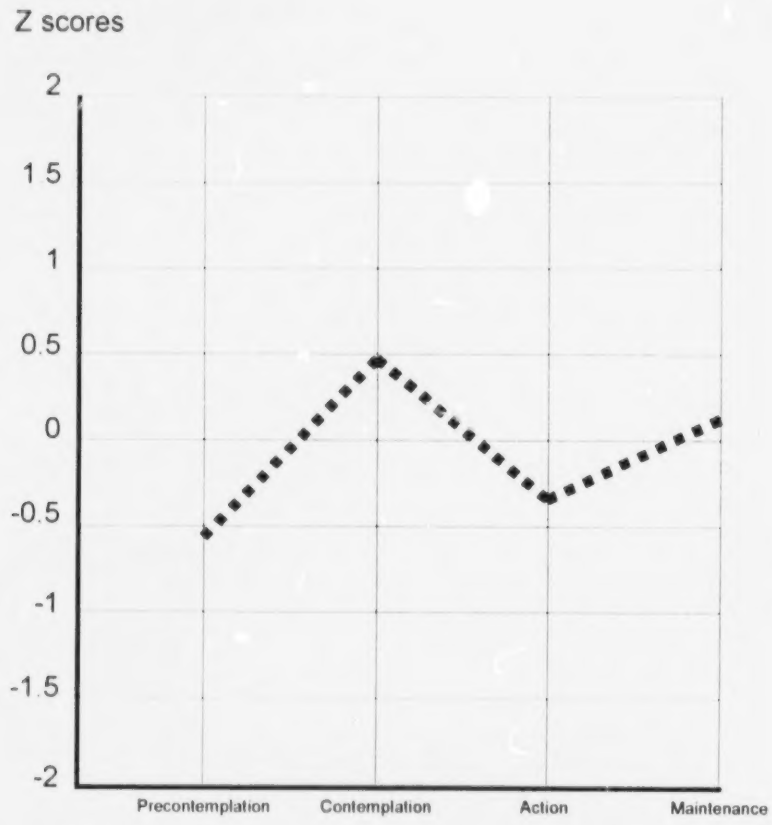
FIGURE 4

Contemplation Cluster



n=69
17.1%

Carney & Kivlahan 1992



n=53
23.7%

DiClemente & Hughes (1990)

\m-contem pm4 jh
June 1992

FIGURE 5

Pretreatment Differences Across Clusters

	Participation	*Ambivalent*	*Precontemplation*	*Contemplation*	*Univariate F*
SMAST	9.3	9.0	7.5	9.2	$F = 4.7, p < .003$
AUDIT	25.0	24.3	20.3	24.3	$F = 4.4, p < .005$
DAST	7.5	7.1	5.6	7.0	$F = 5.1, p < .003$

TREATMENT RECOMMENDATIONS

	Participation	*Ambivalent*	*Precontemplation*	*Contemplation*	*Univariate F*
Inpatient	73.6%	64.4%	51.7%	73.9%	$X^2 = 20.8$, $p < .002$
Outpatient	18.4%	18.9%	25.8%	20.3%	
Other	8.0%	16.7%	22.5%	5.8%	

CURRENT LEGAL ISSUES

	Participation	*Ambivalent*	*Precontemplation*	*Contemplation*	*Univariate F*
YES	23.5%	23.5%	34.6%	18.5%	$X^2 = 7.8$, $p < .051$
NO	36.1%	21.4%	26.1%	16.4%	

TABLE 2